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## FACSIMILE TRANSMITTAL SHEET

**TO:** Examiner Charles A. Marmor, II

**FIRM/COMPANY:** U.S. Patent and Trademark Office /  
Mail Stop Non-Fee Amendment

**FACSIMILE NUMBER:** 703.872.9302

**CONFIRMATION TELEPHONE:** 703.308.0858 (receptionist) or  
703.305.3521 (C.A. Marmor)

**FROM:** Anne Marie Leavy for Edward J. Lynch

**DIRECT DIAL:** 415.371.2217

**DATE:** September 4, 2003

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**FILE NUMBER:** Docket No. R0367-02600

**TOTAL # OF PAGES:**  
(INCLUDING COVERSHEET)

**MESSAGE:** Attached is a Response to the Office Action mailed 6/4/2003 in connection with patent application Serial No. 09/916,937, filed July 27, 2001.

*Please confirm receipt of this facsimile.*

NOTE: Original will NOT follow

### CONFIDENTIALITY NOTICE

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PATENT

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the application of *Lubock et al.*For: **DILATION DEVICES AND METHODS FOR  
REMOVING TISSUE SPECIMENS**

Serial No.: 09/916,937

Filed: July 21, 2001

Atty. Docket No.: R0367-02600

Examiner: C. A. Marmor, II

Group Art Unit: 3736

TRANSMITTAL

OFFICIAL

## CERTIFICATE OF MAILING/FACSIMILE PURSUANT TO 37 C.F.R. §1.8

I hereby certify that this these papers are being sent by facsimile to (703) 872-9302, addressed to Examiner Charles A. Marmor II,  
at Mail Stop Non-Fee Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450,  
on September 4, 2003, in San Francisco, CA.

  
 Anne Marie Leavy
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Mail Stop Non-Fee Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

SEP 04 2003

Dear Sir:

1. Transmitted herewith for filing in the above-identified patent application is a Amendment and Response to Office Action Mailed 6/4/03. Also enclosed is a Change of Correspondence Address.

2. Claim Fee Calculation

X No additional claim fee is required.  
 \_\_\_\_\_ Amendment increases number of claims or multiple dependencies.

## Additional Claim Fee Calculation

Description	Fee Code	Claims	Extra	Rate	Fee
Independent Claims	2201	6 - 6 =	0 x	\$42=	\$ 0
Total Claims	2202	26 - 26 =	0 x	\$9=	\$ 0


Total Fees Due ..... \$ -0-

3. Payment of Fees

Enclosed is a check for the total fees due in the amount of \_\_\_\_.

X The Commissioner is authorized to charge any additional fees and to credit any overpayment of fees which may be required under 37 C.F.R. §1.16 or §1.17, to Deposit Account No 04-1679, referencing Atty. Docket No. R0367-02600.

By

  
 Edward J. Lynch  
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